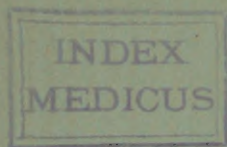


Johnson (Jos. J.)



OVARIOTOMY IN OLD WOMEN.

BY

JOSEPH TABER JOHNSON, M.D.,
WASHINGTON, D. C.



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Washington, D. C.

A DISTINGUISHED abdominal surgeon from across the sea remarked some six years ago that the last thing had been said about ovariectomy, the fair inference being that under his wise teaching and that of others associated in the work this operation had reached such a state of perfection that there remained nothing more to be said.

Questions in regard to the incision, the management of adhesions, injuries to the viscera, the treatment of the pedicle, irrigation and drainage, the best manner of closing the wound and the after-treatment, had all been thoroughly discussed and apparently settled.

These burning and restless questions, however, refuse to remain settled. Already the position of the patient during operation is changed, and that of Trendelenburg adopted by some.

The toilette of the peritoneum so strenuously insisted upon six years ago is now disregarded so far as leaving large quantities of water, bland fluids from tumors ruptured in the process of removal, and blood in the abdominal cavity, in the confident expectation that the peritoneum will absorb them without detriment to the patient. The glass drainage-tube is used less frequently, and gauze packing is taking its place; so that the last word does not seem to have been said yet in regard to this wonderful operation.

It was not very long ago that patients over sixty years of



age were considered too old to withstand the shock of ovariectomy, and in some instances within my own knowledge, and in one case by my advice, a large tumor was not removed simply on account of the patient's advanced age.

With more rapid methods of operating, less handling of the viscera, and less time spent in sponging the abdominal cavity, these aged women have, within the last few years, been safely and successfully operated on. Shock has been prevented by rectal injections of nourishment and stimulants, subcutaneous injections of digitalis and whiskey, hot bottles to the feet and along the sides of the body.

In the three cases which I have the honor to report, and which form the basis and excuse for this short paper, I am quite sure prolonged anæsthesia and manipulation within the peritoneal cavity would have proved fatal.

CASE I.—In November, 1887, a lady, aged sixty-seven, was sent to my service in Providence Hospital by Dr. W. D. Hughes, with a very large abdominal tumor, which had been diagnosed and treated for everything else but a cyst of the ovary. She came in a wagon in a recumbent position, and was in such a bad condition that her friends expected her to die. In their sad adieux they gave her and us to understand that they were seeing her for the last time in this world.

The consulting staff gave me a reluctant consent to operate, thinking that she would die anyway, and the operation would do little harm. I got her in as good condition as possible, provided all known means of resuscitation, and operated. Fortunately there were few adhesions; the tumor weighed fifty-two pounds, and was one-third solid.

The incision was unusually long, but was quickly made, the cyst tapped, delivered, the pedicle quickly ligated, and the patient taken back to bed in less than half an hour. Rectal enemata of hot beef-tea and whiskey were given at once, and repeated several times during the day. There was little shock, and the plucky old lady made an unusually rapid recovery. She was alive and doing well when I last heard from her.

CASE II.—In September, 1889, Dr. Lincoln, of my city, requested me to see an old lady with him, who had been tapped

several times, and whose physicians had informed her that she was too old and feeble to stand another tapping, and nothing more could be done. She had been told from the first that she was too old to withstand the effects of an operation, that medical science could only afford temporary relief by drawing off the fluid. The tumor was never half-emptied, and rapidly refilled. Dr. Lincoln was requested to take charge of her as a general surgeon. He made a correct diagnosis of a multilocular ovarian tumor, and requested me to operate.

She was not in condition to be taken to my private hospital, and I consequently operated in her own rooms. The tumor weighed sixty-four pounds. The patient was sixty-eight years of age. She made a good, though rather slow recovery, and is to-day holding the position of matron to the hospital of the Soldiers' Home at Hampton, Virginia.

CASE III.—In October, 1892, in my private sanatorium, I removed an ovarian tumor, weighing fifty-six pounds, from a lady who was sixty-seven years old, but who looked to be a hundred. This tumor had been tapped nine times in the last eighteen months, and fully four hundred pounds of fluid drawn away. The last three tapplings had been less than a month apart, and the operation was done ten days from the last tap. This patient had been solemnly informed by several physicians, nurses, and by many friends, that the knife in her case meant sure and speedy death, on account of her advanced age and general debility. She had been especially impressed with the belief that she would never leave the operating-table alive. She and her family, acting upon these assurances, had steadfastly and emphatically refused all surgical aid. My appeals and arguments were listened to with impatience and incredulity, until I was finally looked upon as a blood-thirsty ghoul, and implored never again to mention the blood-curdling subject. I was induced, against many protests, to tap this lady five times, and Dr. Graham drew off the fluid four times.

The patient finally made up her own mind to have the tumor removed, and came to my hospital in October for that purpose. She has disappointed her many friends and physicians by making a splendid recovery. She had no shock from the operation, which was completed inside of twenty minutes. Her only suffering was from wind colic and an abscess in her arm, from the

effects of a hypodermic of whiskey given by Dr. Graham during the operation.

When this good lady realized that she had passed safely through the dreaded peril of the deadly knife she developed a remarkable courage. I think her firm determination to get well was of great service to her. The only anxiety she caused me was on account of a troublesome diarrhoea which, however, she stated had been her enemy for thirty years, and she was fully determined not to give up the ship for so slight a storm when she had just weathered a gale of such magnitude. She went home just a month from the date of the operation, and bids fair to live for many years to come.

As I stated in the beginning, nearly everything has been said which can be said upon this thoroughly discussed subject of ovariectomy, and my only excuse for taking up a moment of the valuable time of this Society, whose excellent programme shows the remarkable number of forty-three papers, is to add my plea in favor of the old ladies, whom some in the profession, and many out of it, still fear to trust to the kindly knife of the abdominal surgeon.

I beg to add to this short and practical paper a table showing the results of ovariectomy upon thirty-eight women over sixty-seven years of age. Twenty-five of this number were between seventy and eighty, and one successful case by Dr. Homans, of Boston, eighty-two years of age. In this table of thirty-eight cases, all over sixty-seven years of age, there were only two deaths—giving a mortality as low as many good operators have obtained in cases taken as they come, young and old, great and small. By way of comparison I have also added a table of twenty-four cases compiled from the record of 1000 ovariectomies performed by Sir Spencer Wells, between the ages of sixty and sixty-eight, in which there were six deaths.

Improved methods, quicker operations, antiseptic technique, and provisions against shock show 38 recent cases between the ages of 67 and 82, with only 2 deaths, against 24 cases, done twenty years ago, between the ages of 60 and 67, with a

record of 6 deaths. These figures demonstrate, in addition to improved technique, the surprising fact that old age is no contra-indication against ovariectomy. Indeed they seem to have endured the strain and shock equally well if not better than an equal number of younger women.

One explanation of this may lie in the fact that in the aged we do not often meet with the broken down septic cases from pus-tubes and ovarian and pelvic abscesses which we find so often before the change of life. Ovarian tumors after the menopause present fewer complications than before.

Operator.	Age.	Result.	Where recorded.
Janvrin,	77	Success.	Amer. Journ. of Obstetrics, 1884, vol. xvii. p. 171.
Bennet,	75	"	Brit. Med. Journ., 1861, vol. ii. p. 532.
Schröder,	80	"	Olhausen, Krankheiten Ovarien, S. 394.
Schröder,	79	"	" " "
Wileke, of Halle,	77	"	" " "
Fancourt Barnes,	70	"	Prov. Med. Journ., 1888.
Sir Spencer Wells,	70	"	Med.-Chir. Trans., vol. lx. pp. 224-227.
Sir Spencer Wells,	77	Death.	
Thornton,	70	Success.	Med.-Chir. Trans., vol. lxx. pp. 57, 64, 75.
Thornton,	71	"	
Thornton,	70	Incomplete operation; death in 48 hours.	
Bantock,	71	Success.	Med.-Chir. Trans., vol. lxiv. p. 128.
Meredith,	70	"	Med.-Chir. Trans., vol. lxxii. p. 50.
Halliday Croom,	70	Recovery.	Obstet. Trans., Fourth ed., vol. xiv. p. 94.
Lawson Tait,	70	"	Brit. Med. Journ., 1886, vol. i. p. 271.
Skene Keith,	75	Drainage; recovery.	" " " " "
Homans,	82	Recovery.	Brit. Med. Journ., May 3, 1888.
Owens, of Brisbane,	80	"	Brit. Gyn. Journ., vol. iv. p. 88.
Davis,	75	"	Brit. Gyn. Journ., vol. iii. p. 413.
Thomas Keith,	73	"	Brit. Med. Journ., 1878, vol. ii. p. 529.
Holland,	76	Brit. Gyn. Journ., vol. xxvi. p. 179.
Fancourt Barnes,	72	Recovery.	Brit. Gyn. Journ., 1892, vol. xxx. p. 159.
Edis,	81	"	Brit. Gyn. Journ., 1892, vol. xxx. p. 162.
Haywood Smith,	70	"	" " "
J. Taber Johnson,	67	"	" " "
J. Taber Johnson,	68	"	" " "
J. Taber Johnson,	67	"	" " "
Joseph Price,	70 years and over,	10 cases, all recovered.	

38 cases, with 36 recoveries and 2 deaths.

Table of 24 ovariectomies between the ages of 60 and 68, with 6 deaths, taken from the record of 1000 operations by Sir Spencer Wells.

Age.	Result.	Age.	Result.
61 . . .	Recovered.	61 . . .	Recovered.
61 . . .	Recovered.	63 . . .	Died 7th day. (Septicæmia.)
67 . . .	Died 5th day.	61 . . .	Recovered.
63 . . .	Died 2d day.	68 . . .	Recovered.
63 . . .	Recovered.	61 . . .	Recovered.
66 . . .	Recovered.	62 . . .	Recovered.
64 . . .	Recovered.	63 . . .	Recovered.
63 . . .	Recovered.	65 . . .	Died 5th day.
63 . . .	Recovered.	68 . . .	Recovered.
63 . . .	Died 4th day.	68 . . .	Died 5th day.
68 . . .	Recovered.	63 . . .	Recovered.
68 . . .	Recovered.	62 . . .	Recovered.
(Died two years later of cancer.)			

24 cases.

6 deaths.

